

Sudden Sharp Chest Pain? Here's What Could Be Causing It

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STORY AT-A-GLANCE

- › Not all sudden chest pain signals a heart attack – less than 6% of emergency room visits for chest pain are life-threatening, according to a 2016 JAMA study
- › Precordial catch syndrome, often triggered by poor posture or growth spurts, causes short, stabbing chest pain but is harmless and usually resolves on its own within minutes
- › Digestive issues like gastritis and gastroesophageal reflux disease (GERD) cause chest discomfort that mimics heart conditions; triggers include spicy food, alcohol, nonsteroidal anti-inflammatory drugs (NSAIDs), and stress
- › Other non-cardiac causes include panic attacks, rib strain, or costochondritis – these are painful but generally self-limiting and improve with rest, posture correction, or over-the-counter medications
- › Life-threatening causes like pulmonary embolism or aortic dissection require urgent care; if chest pain radiates or includes fainting or breathlessness, seek emergency help immediately

Have you ever experienced feeling a sudden, sharp pain in your chest? For most people, their immediate response would be to seek urgent care. Although this seems like a wise move, there are cases when it might not be necessary. In fact, among patients who visit the ER to have themselves checked because of chest pain, less than 6% actually involve life-threatening conditions, a 2016 study from the Journal of the American Medical Association (JAMA) notes.¹

Even so, being able to recognize the difference between serious and harmless chest pain is essential. Not only does it provide insights into your physical health, but it also helps quell your anxiety and gives you peace of mind.

Precordial Catch Syndrome – A Common Cause of Chest Pain

One possible cause of sudden, intense pain in your chest is precordial catch syndrome. Also called chest wall twinge syndrome or Texidor's twinge, this is a stabbing pain often felt whenever you breathe in. An article in *The Hearty Soul* explores what triggers this condition.²

- **What is precordial catch syndrome?** Alarming as it seems, precordial catch syndrome is actually harmless, and is not associated with lung or heart disease. Rather, the pain is triggered when a nerve is being pinched or irritated, particularly the intercostal nerves located between your ribs.

According to Dr. Joe Whittington, a board-certified emergency physician, "Precordial catch syndrome is not well understood, but it is believed to be related to irritation or inflammation of the nerves in the chest wall." The good news is that because it's localized to a specific nerve pathway, the sensation doesn't spread to other parts of your body.

- **What triggers it?** Poor posture, such as slouching while sitting, and sometimes even mild physical activities like walking are linked to precordial catch syndrome. Whittington said that tension in the chest muscles and muscle spasms could also trigger pain.
- **Who's at risk of precordial catch syndrome?** Most commonly, it impacts older children and young adults. It frequently emerges during growth spurts. However, the pain becomes less intense by the time you reach your 20s. In most cases, the syndrome stops completely.

- **How long does the pain occur?** One reassuring aspect of precordial catch syndrome is it passes quickly. Typically, these sharp, stabbing sensations only last a few seconds to three minutes at most. But although brief, the intensity often leads you to avoid taking deep breaths, which heightens your anxiety and discomfort.

Interestingly, despite the instinct to breathe shallowly, deliberately taking slow, deep breaths and adjusting your posture to sit or stand upright will actually help the pain disappear faster. If you're currently dealing with these unsettling episodes, just relax and breathe deeply to help the muscles release tension quicker, alleviating nerve irritation and rapidly easing the pain.

Digestive Issues Could Also Be Linked to Chest Pain

However, precordial catch syndrome is not the only condition associated with chest pain. It can also arise because of other factors, such as your digestion.

- **Gastritis is another possible cause of pain** – Basically, this refers to inflammation in the stomach, caused by *Helicobacter pylori* infection, using nonsteroidal anti-inflammatory drugs (NSAIDs) or alcohol intake.³ Eating spicy foods and smoking cigarettes could also cause gastritis.⁴
- **Other symptoms occur aside from chest pain** – When you have gastritis, you also get stomach upset, abdominal cramps, and indigestion. Even though it's not serious, the inflammation could either be acute or last for months. Consult your healthcare provider, as untreated gastritis leads to peptic ulcer disease, gastric lymphoma, or gastric carcinoma.⁵
- **Gastroesophageal reflux disease (GERD) could also trigger heartburn** – As the name implies, heartburn causes intense burning sensations in your chest. GERD occurs when the esophageal sphincter, a valve at the bottom of the esophagus (the tube connecting your throat to your stomach),⁶ doesn't close correctly, causing stomach acid to travel back up your throat. It triggers irritation, inflammation, and that painful burning feeling in your chest.⁷

- **GERD triggers and accompanying symptoms** – Ingesting spicy foods, caffeine, or alcohol triggers heartburn. According to Medical News Today, the pain sometimes radiates to the neck. Other symptoms also occur, such as:⁸
 - Upset stomach
 - Partially regurgitating food
 - Feelings of fullness or bloating
 - Excess gas and burping
 - A sour taste in the mouth, especially after burping

While it's not exactly a cardiovascular issue, there's emerging research suggesting that GERD might be linked to a higher risk of heart problems. Read more in this article, "[How GERD Impacts Heart Health.](#)"

6 Common Causes of Sharp Chest Pain You Need to Recognize

When most people feel chest pain, their thought immediately goes to the worst-case scenario – heart attack. But this isn't always the cause. I'll provide insights on how to identify a heart attack, but before that, let's look at a couple of cardiovascular conditions that cause chest pain, plus three that are not heart-related.⁹

- **Pericarditis** – This is a condition wherein the pericardium, a thin membrane surrounding your heart, is inflamed. According to Medical News Today, "Pericarditis causes a sharp, sudden pain in the center or left side of the chest that tends to worsen when a person breathes deeply." Lying down makes the pain worse, and shifting positions – sitting up or leaning forward – eases the pain.

If you have this condition, you might feel chest pressure, breathing difficulties, heart palpitations, and fatigue as well. A mild fever and swelling in your abdomen or chest are also possible symptoms.

- **Angina** – When there's reduced blood flow to your heart due to an underlying cardiovascular issue, chest pain occurs. This condition is called angina, and is a symptom of an underlying heart problem rather than a disease in itself.

As opposed to a stabbing pain, angina feels like there's pressure on your chest, as if it's being squeezed. The pain sometimes radiates to other areas of your body, such as your neck, jaw, arms or shoulders, and back. Other symptoms like nausea, breathlessness, pain in the lower chest or abdomen, and fatigue occur as well.

- **Panic attacks** – Feeling stressed or anxious often leads to muscle spasms and strained breathing patterns, which result in brief yet intense chest pain. A panic attack comes with different symptoms, such as palpitations, numbness or tingling, trembling or shaking, and feeling hot or cold.
- **Fractures and strains** – These usually occur when you do strenuous activities, such as lifting a heavy object or doing an exercise movement incorrectly. Fractured, bruised, or broken ribs also arise due to these injuries, and take weeks to heal.
- **Pleuritis** – This condition occurs when the lining of your chest and lungs is inflamed due to a bacterial or viral infection, rheumatoid arthritis, or a collapsed lung. The pain is sharp and brief, and occurs when you breathe, sneeze, or cough.
- **Costochondritis** – When the cartilage between your ribs and breastbone becomes inflamed due to viral infections, chest injury, harsh coughing or strenuous exercise, it could lead to chest pain. "In most cases, it is a self-limiting condition that resolves on its own with time," Whittington said. However, it might last for weeks or months. Managing costochondritis requires rest, hot or cold packs, and over-the-counter pain medications.¹⁰

Recognizing Serious Causes of Sudden Chest Pain Could Save Your Life

An article from the Cleveland Clinic sheds light on two less common but extremely serious medical conditions associated with sudden sharp chest pain – pulmonary embolism and aortic dissection.¹¹

- **Pulmonary embolism occurs when a blood clot travels to the lungs** – This blocks blood flow and causing sharp, intense chest pain. It's immediately dangerous, and is not something you should wait out. Oftentimes, it comes with symptoms like shortness of breath, rapid heartbeat, and dizziness or fainting.
- **Aortic dissection involves a tear in the aorta** – This is your body's largest artery and is responsible for transporting blood from your heart to the rest of your body. The pain from an aortic dissection is distinctively severe and described as "tearing" or "ripping," typically radiating to your back.
- **When is chest pain considered an emergency?** If the pain eases up after a few minutes and you don't have other symptoms, it's likely not an urgent matter. Just schedule an appointment with your physician to have it checked out. However, if there are other serious symptoms like excessive sweating or nausea, have yourself checked out immediately.

If you have risk factors for heart disease, like high cholesterol or high blood pressure, or if you have a family history of heart attack, it's a good idea to have yourself checked as well if you experience sudden chest pain.

How Do You Know if It's a Heart Attack?

In the U.S., a heart attack occurs every 40 seconds.¹² Also known as a myocardial infarction, this occurs when blood flow to the heart becomes suddenly blocked. This causes a lack of oxygen going to your heart, damaging it and causing it to die.^{13,14}

- **Heart attack occurs when there's a blockage in your artery** – Coronary heart disease, which involves plaque building up in the arteries, is often a contributing factor. The plaque buildup narrows the arteries, completely or partially blocking

blood flow.

- **Common symptoms of a heart attack** – Aside from chest pain that feels as if someone is putting pressure or squeezing your heart, you will also feel weak or lightheaded and have difficulty breathing. The pain also radiates to your jaw, back, or neck, as well as your arms and shoulders.
- **Symptoms come and go and in varying intensities** – Low levels of oxygen in the blood, known as hypoxemia, also occur, as well as pulmonary edema, which is fluid accumulation in the lungs. If the heart cannot supply blood to the body, a sudden drop in blood pressure, or cardiogenic shock, might also occur.
- **Men and women experience different symptoms** – Women are more likely to experience unconventional symptoms such as fatigue and nausea, in contrast to men who commonly manifest classic signs, including chest pain.

Knowing the symptoms of a heart attack is important for you to get emergency medical care without delay. For more information, read "[How to Spot and Treat a Heart Attack.](#)"

Practical Steps to Address the Root Causes of Your Chest Pain

Feeling sudden, sharp chest pain is alarming, but knowing what's causing your discomfort will help you to address it effectively and regain control over your health. These practical, actionable steps will help you tackle the non-heart related causes of your chest pain, improving your comfort and giving you peace of mind:

1. **Fix your posture to relieve nerve irritation** – If you're experiencing precordial catch syndrome, posture is often the hidden trigger. When you're hunched over your desk or phone for long periods, nerves in your chest wall could get pinched or irritated.

Throughout the day, remind yourself to sit or stand up straight, aligning your spine comfortably. By consistently practicing good posture, you'll significantly reduce nerve irritation and decrease episodes of sharp chest pain.

2. Ease muscle tension with gentle stretching – Muscle strain and tension commonly cause chest pain, especially after physical exertion or repetitive tasks. To tackle this, incorporate gentle chest-opening stretches into your daily routine.

A simple doorway stretch – standing in a doorway, placing your hands on either side, and gently stepping forward – releases muscle tightness and relieves tension. Making stretching a relaxing daily habit reduces muscular chest pains and enhances your overall well-being.

3. Adjust your diet to prevent digestive discomfort – GERD-related chest pain is triggered by spicy dishes, caffeine, alcohol, and fatty meals. I recommend noting which foods seem to provoke your symptoms and gradually reducing them. Eating smaller, more frequent meals and avoiding heavy meals before bedtime also dramatically reduces reflux episodes. By adjusting your diet, you'll reduce digestive-induced chest discomfort, providing lasting relief.

4. Manage stress and anxiety effectively – Anxiety and panic are frequent culprits behind sharp chest pains. Recognizing anxiety as a trigger allows you to respond proactively.

Start by practicing controlled, deep breathing – slowly inhale for four seconds, hold for four, then exhale for four seconds. Try using mindfulness or meditation techniques, like the Emotional Freedom Techniques (EFT), as well. Consistent stress-management habits greatly diminish anxiety-related chest pain and boost your emotional resilience.

5. Stay active, but respect your limits – Physical activity is beneficial, but overly strenuous workouts or sudden intense exercise could cause muscle strain or trigger chest pains.

The key is to listen to your body. If you're frequently experiencing exercise-related chest discomfort, gradually scale back intensity and duration. Then slowly increase your workouts as you grow stronger. Regular, moderate exercise like walking,

swimming, or yoga maintains muscle health and cardiovascular fitness, reducing the risk of muscular chest pain while keeping your heart healthy and strong.

For cardiovascular-related pain, you must act quickly to ensure your safety and survival. One strategy I recommend is having methylene blue and melatonin on hand, particularly if you're at high risk of heart attack, as these compounds help increase your chances of survival. Read "[What Is the Difference Between a Heart Attack and Cardiac Arrest?](#)" to learn more, as well as get useful tips on how to protect your heart health.

Frequently Asked Questions (FAQs) About Chest Pain

Q: Is all sudden sharp chest pain a sign of a heart attack?

A: No. While chest pain can be alarming, less than 6% of ER visits for chest pain are due to life-threatening conditions like heart attacks, according to a 2016 JAMA study.

Q: What is precordial catch syndrome, and should I be worried?

A: Precordial catch syndrome is a harmless condition that causes short, stabbing chest pain, often triggered by poor posture. It usually resolves on its own within minutes and poses no serious health risk.

Q: Can digestive issues really cause chest pain?

A: Yes. Conditions like gastritis and GERD can mimic heart pain. Triggers include spicy foods, alcohol, NSAIDs, and stress. These types of pain often come with bloating, heartburn, or indigestion.

Q: What are some non-cardiac causes of chest pain?

A: Panic attacks, costochondritis, muscle strain, and rib injuries can cause chest pain. These conditions are usually not dangerous and respond well to rest, posture correction, and over-the-counter medication.

Q: When should I seek emergency care for chest pain?

A: Seek immediate help if your chest pain feels crushing, radiates to your back, jaw, or arms, or is accompanied by symptoms like fainting, breathlessness, or cold sweats. These may indicate serious conditions like a pulmonary embolism or aortic dissection.

Sources and References

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- ¹¹ [Cleveland Clinic, November 6, 2025](#)
- ¹² [CDC Heart Disease Facts](#)
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- ¹⁴ [Medical News Today, July 18, 2025](#)